



Skyview School
 125 S. Rush Street
 Prescott, AZ 86303
 Phone: 928-776-1730
 Fax: 928-776-1742

For Office Use Only
Received:
Date: _____
Time: _____
By: _____

APPLICATION FOR ADMISSION

This application is for which grade level? _____
 (Kindergarten, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, or 8th)

FIRST NAME _____ **MIDDLE** _____ **LAST NAME** _____

Gender Identity: _____ Date of Birth _____ Age _____ as of September 1

Present Grade _____ **City/State of Birth** _____

Parent/Guardian #1	Parent/Guardian #2
Name:	Name:
Cell phone:	Cell phone:
Landline phone:	Landline phone:
Business phone:	Business phone:
Address:	Address:
City & Zip:	City & Zip:
Email:	Email:

Ethnic background: White Black Latino American Indian/Alaska Native Asian-Pacific Islander
 Other/Multiracial (_____)

Child is living with: Both Parents Mother Father Guardian Other _____

Marital Status of Parents: Married Single Separated Divorced Widowed

Legal custody: Joint Father Mother Guardian State

Are there any legal restrictions? Yes No Do you have a court order? Yes No

Please provide any legal documentation if available.

Is either Parent or Legal Guardian in the US Military? Yes No

Previous School(s) Attended:

Name of School _____ Grade _____ Dates attended _____

Name of School _____ Grade _____ Dates attended _____

I/we hereby certify that the information provided in this application is true and complete. We recognize that false or misleading statements can result in either my/our child's dismissal from Skyview School or my/our child being denied admission.

We have read and discussed the admissions material as well as the information presented to us during the Orientation to Skyview School program. We have also discussed, as a family, the educational philosophy of Skyview School as well as the expectations for each of us as contributing members of the Skyview School community, including academic expectations, volunteer participation, and community involvement. We understand that respect and responsibility for others, the natural world, and ourselves are our guiding principles.

Having read and discussed this material, we believe that Skyview School presents an excellent opportunity for involvement by our family and we want to continue with the registration process.

Parent/Guardian

Parent/Guardian

Date